

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

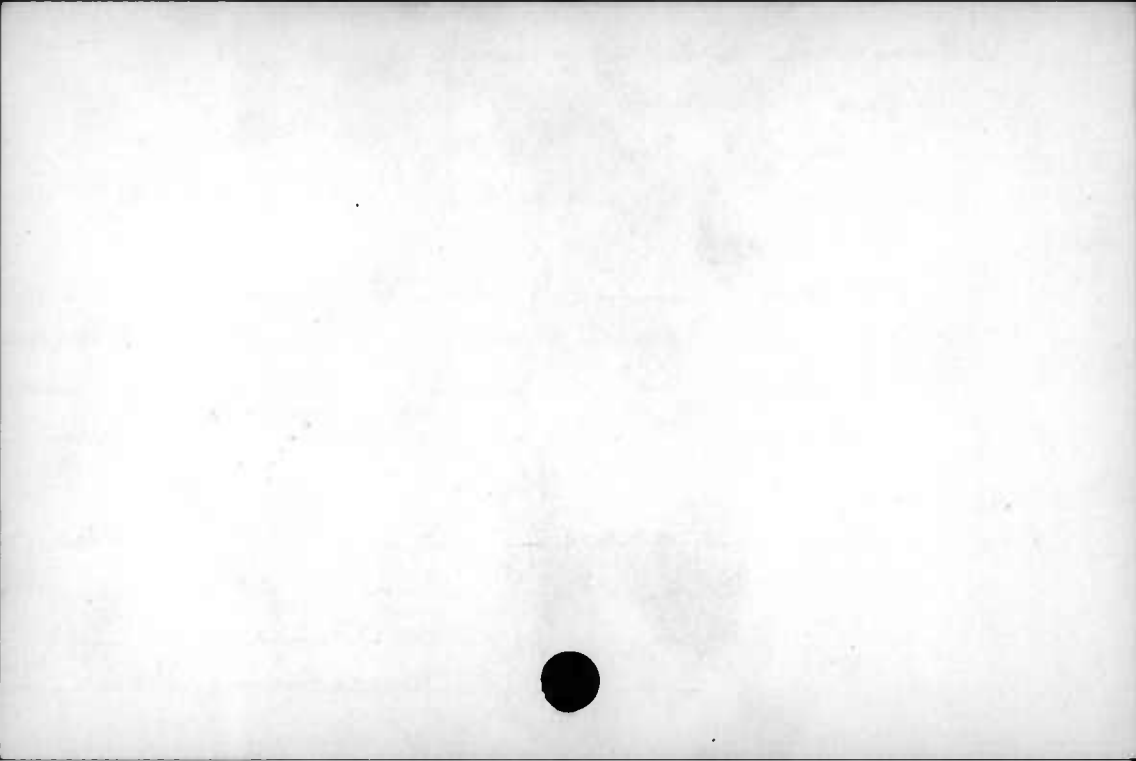
Died at <i>Danvers Quarter Somerset</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>2nd</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset Co.</i>				
Occupation <i>Oyster man</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Addie Fells</i>						
Father's Name <i>George Barclay</i>	Father's Birthplace <i>Micomico Co.</i>						
Mother's Maiden Name <i>Julia Leatherberry</i>	Mother's Birthplace <i>Somerset Co.</i>						
Name of person giving information <i>Howard Barclay</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuber culosis</i>	How long <i>4 years</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
	Address <i>Danvers Quarter Somerset Co. Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Edward Beauchamp

CERTIFICATE OF DEATH

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NEAREST FRIEND

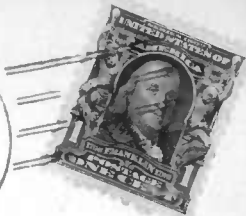
Died at		Town Upper Fairmount		County Somerset		MARYLAND		
Date of death		1907	Month Aug	Day 20	Age 70	Years	Months	Days
Sex Male		Color or Race White		Birth- place Westover				
Occupation Farmer				Where Residing if not at place of death				
Married, Single or Widowed		Widowed		Name of Wife or Husband Jane Beauchamp				
Father's Name		Isaiah Beauchamp		Father's Birthplace		do not know		
Mother's Maiden Name		Sarah Beauchamp		Mother's Birthplace		do not know		
Name of person giving In formation		Sarah Houdson		How related to deceased		daughter		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	4 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. W. Gill	
Address		Noanokin, Md.	
Accident or Suicide?			



Mr. J. H. Candor.

Candorville

Somerset Co

32

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bedsworth		County Somerset		MARYLAND	
Date of death	1907	Month Aug	Day 11	Age 70	Years	Months 10	Days 29
Sex	Male		Color or Race	White		Birth- place	Bedsworth Md
Occupation	Nun			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles H Bedsworth					Father's Birthplace	Bedsworth Md
Mother's Maiden Name	Cornelia Ward					Mother's Birthplace	
Name of person giving in formation					How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	4 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. F. Stuel	
		Address	
		Carrfield Md	
Accident or Suicide?			



Name
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Thomas Clayton Bradshaw

CERTIFICATE OF DEATH

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NEAREST FRIEND

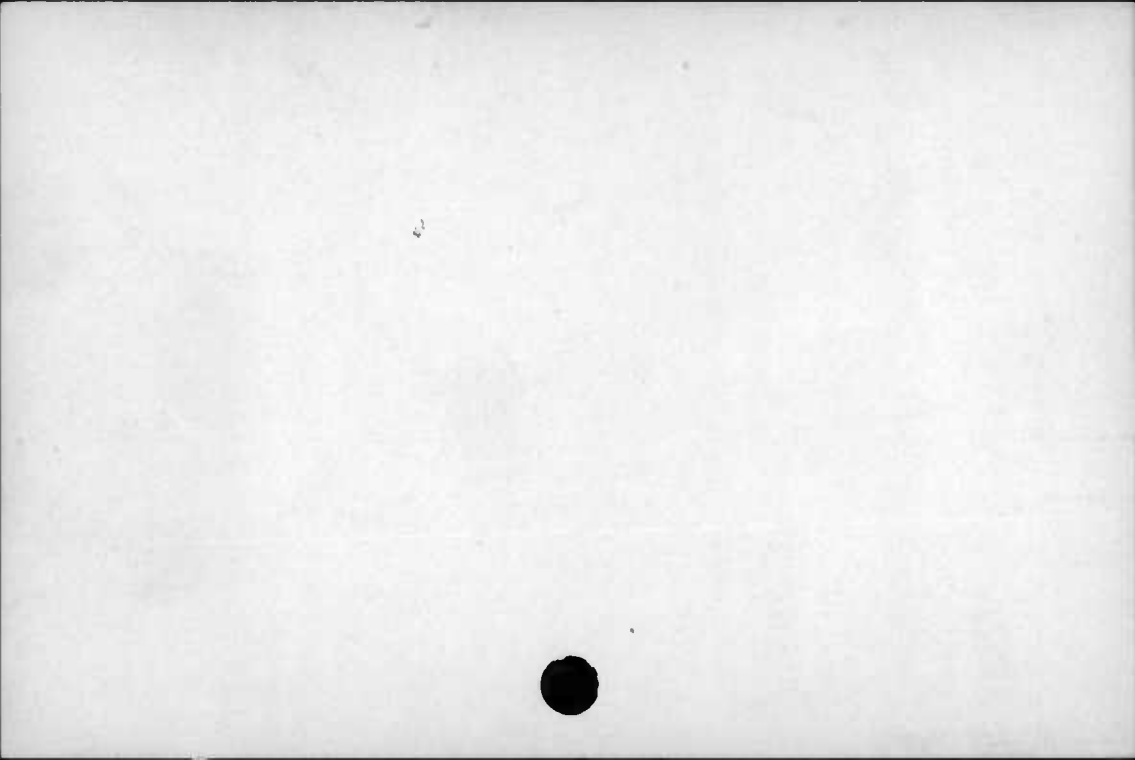
Died at <i>Exeter</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1907	Month	August	Day	17
Age		Years		Months	Days
		10		0	25
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Smiths Island</i>
Occupation	<i>School boy</i>				
Where Residing if not at place of death					
Married, Single or Widowed	<i>S</i>	Name of Wife or Husband			
Father's Name	<i>Thomas Washington Bradshaw</i>			Father's Birthplace	<i>Smiths Island</i>
Mother's Maiden Name	<i>Rachel A. Tyler</i>			Mother's Birthplace	<i>Smiths Island</i>
Name of person giving information	<i>Thomas Washington Bradshaw</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

16

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>3 weeks</i>
Immediate	<i>Pneumonia, Lobar</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>R. H. Graves</i>	
Address		<i>Exwell Md.</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

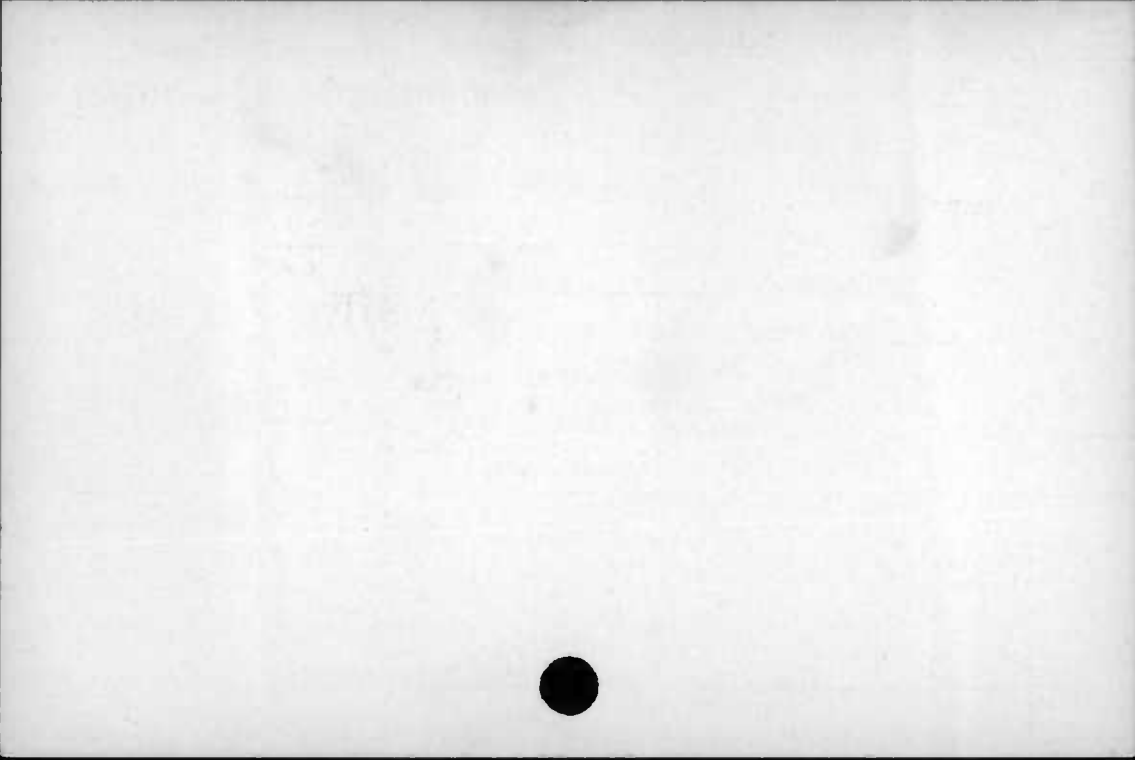
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	13			9	4
Sex	Male	Color or Race	White		Birth-place	Crisfield Md	
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Thomas C Edwards				Father's Birthplace	Va	
Mother's Maiden Name	Clara V. Hundley				Mother's Birthplace	Va	
Name of person giving information	Thos C - Edwards				How related to deceased	Father	

CAUSES OF DEATH

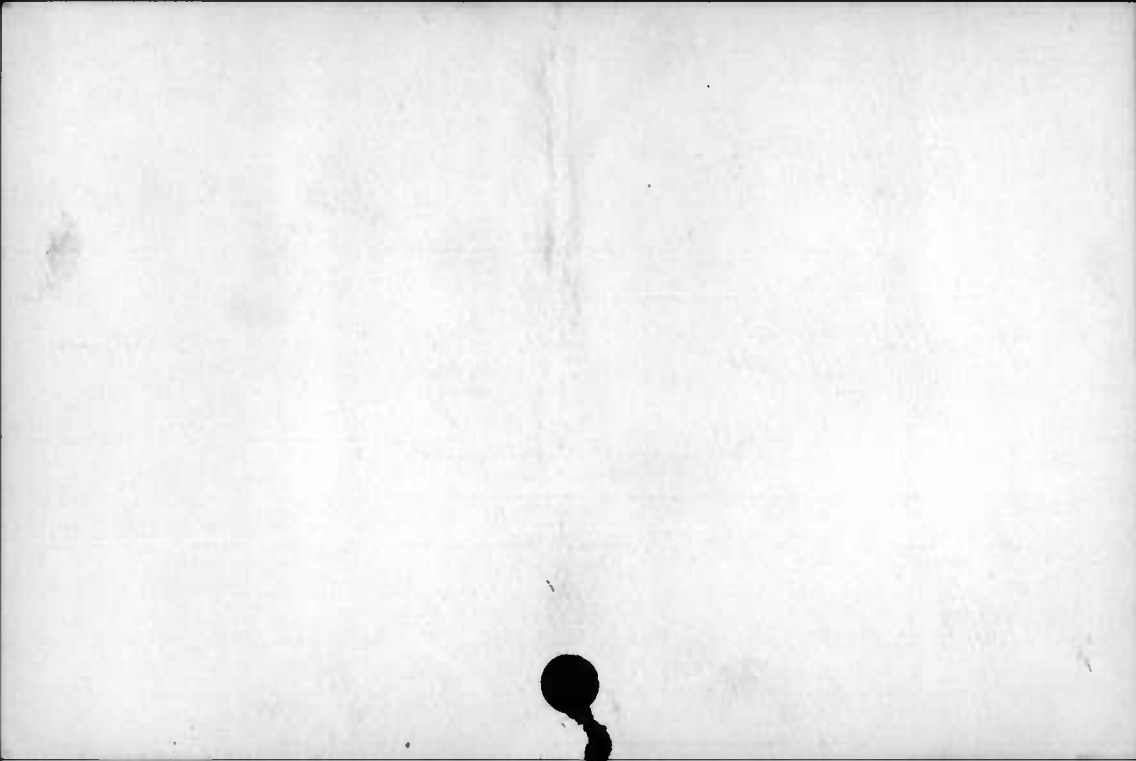
105

PHYSICIAN
OR CORONER

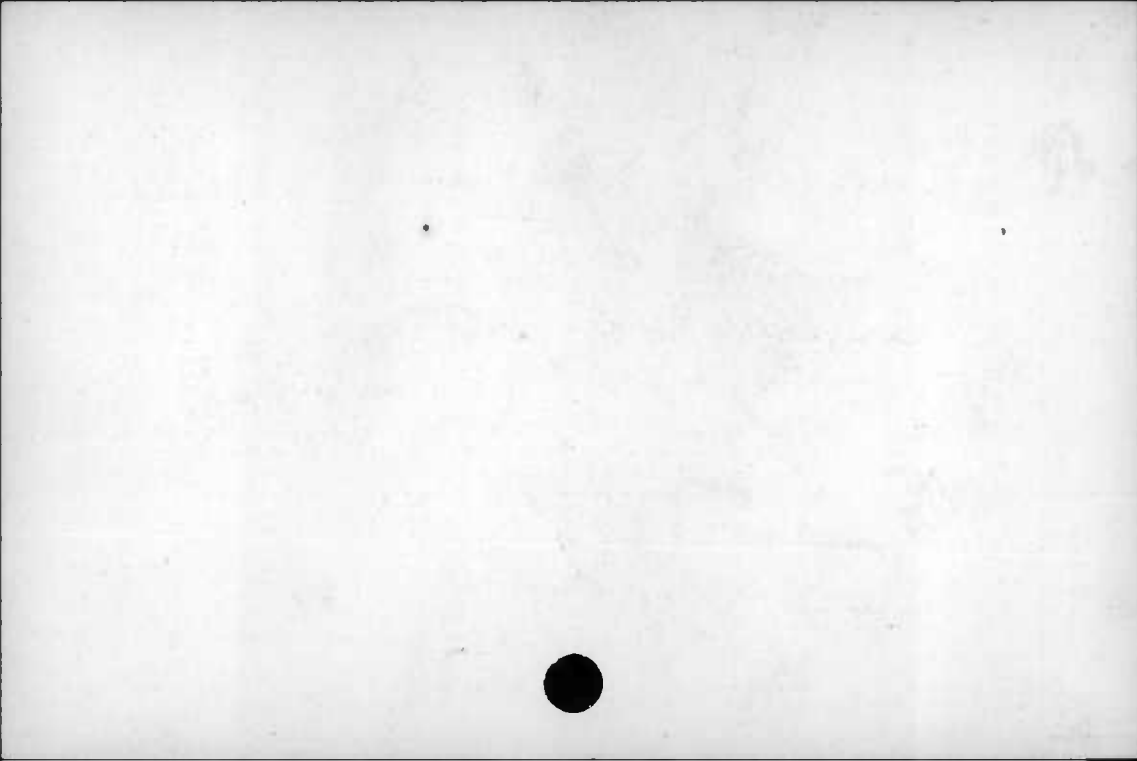
Primary	Enterocolitis	How long	3 weeks
Immediate	Measles	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. F. Hall
		Address	Crisfield Md
Accident or Suicide?			



Name in Full		John Sale				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mt Vernon		Somerset		MARYLAND		
	Date of death	1907	Month August	Day 29	Age 63	Months -	Days -	
	Sex	Male		Color or Race	Colored	Birth-place	Maryland	
	Occupation	Farmer			Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed	Married		Name of Wife or Husband Anne Sale				
	Father's Name	James Sale				Father's Birthplace	Ind	
	Mother's Maiden Name	Not known				Mother's Birthplace	<input checked="" type="checkbox"/>	
	Name of person giving information	Minnie Bell				How related to deceased	Son-in-law	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>								
PHYSICIAN OR CORONER	Primary	Aortic Mitral insufficiency					How long	Not known
	Immediate	Ascheima					How long	48 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	Dr. M. L. Campbell M.D.
	Accident or Suicide?	No					Address	Princess Anne Ind



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at				County		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days		
		Sex		Color or Race		Birth-place					
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband							
		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
PHYSICIAN OR CORONER		Name of person giving information				How related to deceased					
		CAUSES OF DEATH									
		Primary				How long					
		Immediate				How long					
10		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
						Address					
		Accident or Suicide?									



Name
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Full

Morse Harris

CERTIFICATE OF DEATH

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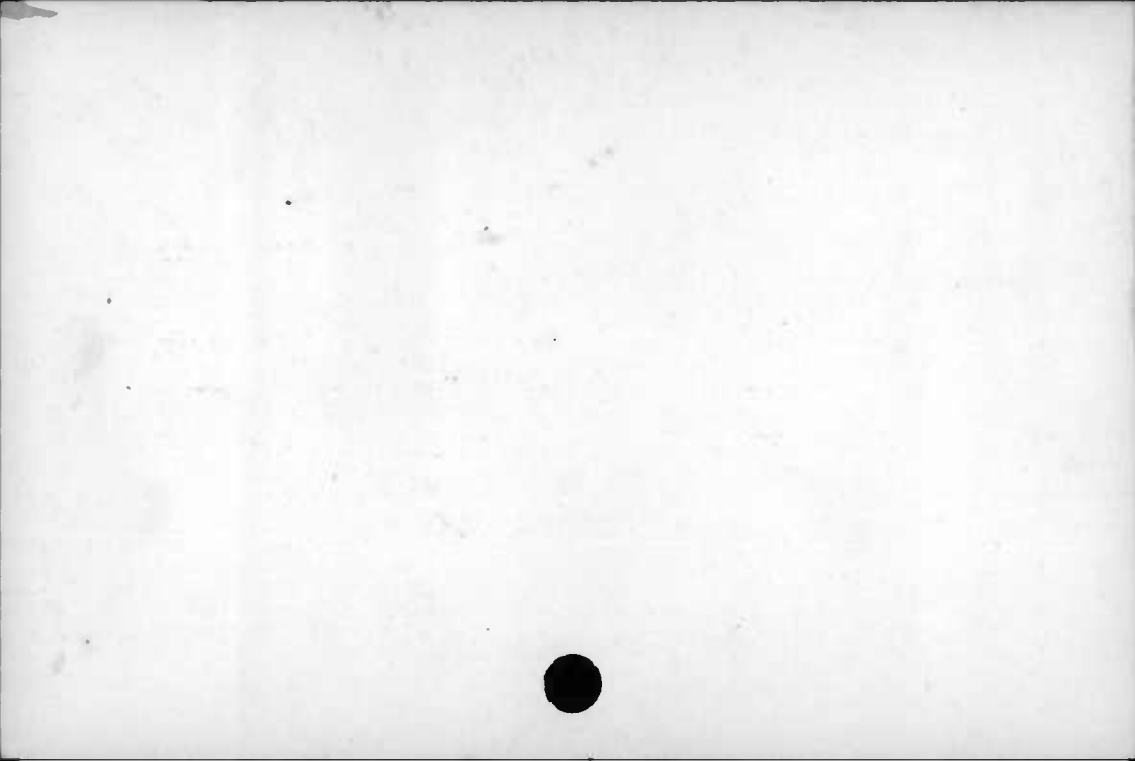
Died at			Town			County			MARYLAND		
Date of death		1901	Month	8	Day	6	Years	23	Months		Days
Sex	Female		Color or Race	Colored				Birth-place	Md.		
Occupation	Housewife				Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband	Thomas Harris							
Father's Name	Daniel Gordy						Father's Birthplace	Md.			
Mother's Maiden Name	Leah Gordy						Mother's Birthplace	Md.			
Name of person giving information	Thomas Harris						How related to deceased	Husband			

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary	Mis carriage		How long	2 days
Immediate	Septic fever & Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		J H Willis		
		Address		
		Proctor		
Accident or Suicide?				



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CERTIFICATE OF DEATH

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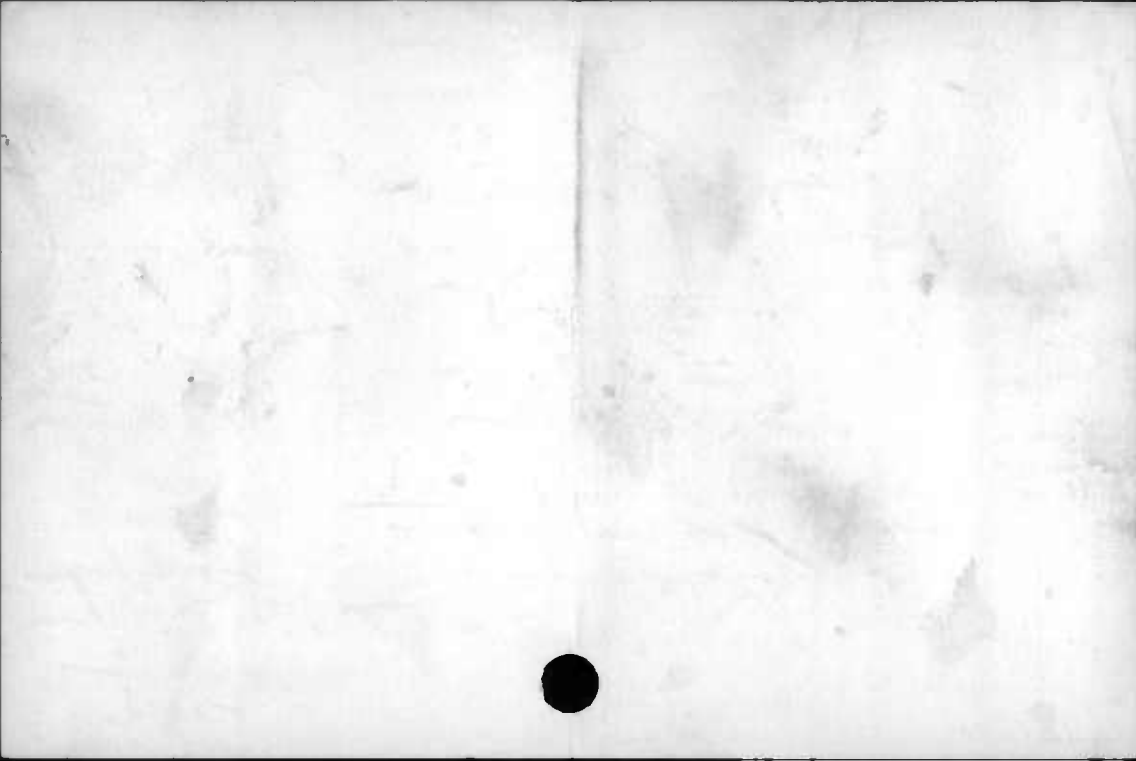
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		8	25	48			
Sex	Female	Color or race	White		Birthplace	Fairmount	
Occupation	Married		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		Edgar Healey		
Father's Name	Samuel Jones		Father's Birthplace		Fairmount		
Mother's Maiden Name	Mary Buchanan		Mother's Birthplace		"		
Name of person giving information	Wm A Jones		How related to deceased		no relation		

CAUSES OF DEATH

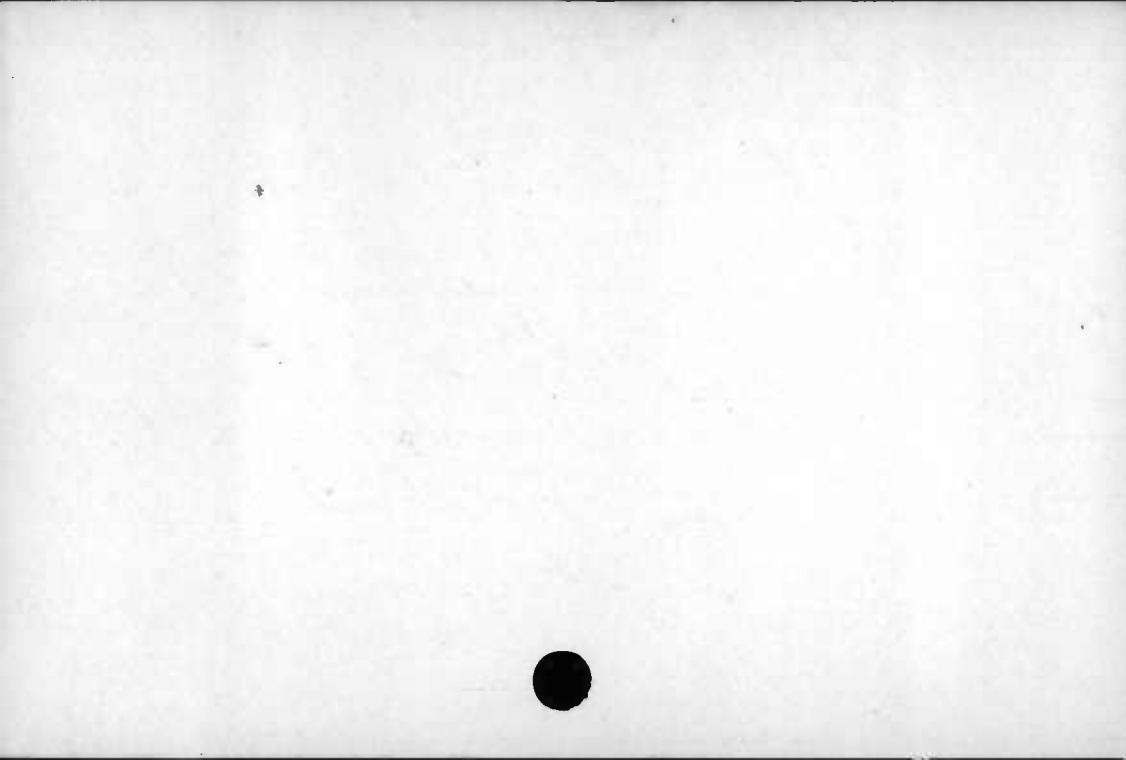
20

PHYSICIAN
OR CORONER

Primary	Rheumatoid Arthritis	How long	2 weeks
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr E S Miller
		Address	Upper Fairmount
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		James P. Leagle		TOWN	
		Carrifield		County	
		Somerset		MARYLAND	
		Died at		Date of death	
		Month		Day	
		Age		Years	
		Months		Days	
		Sex		Color or Race	
Male		Beard		Beonac Co	
Occupation		Where Residing if not at place of death			
Oyster Shucker					
Married, Single or Widowed		Name of Wife or Husband			
Married		Anne L. Leagle			
Father's Name		Father's Birthplace			
James Leagle		Buck Run			
Mother's Maiden Name		Mother's Birthplace			
Lizzie Ward		Buck Run			
Name of person giving information		How related to deceased			
Anne Leagle		Wife			
CAUSES OF DEATH					
Primary		How long			
Intermittent Fever		2 weeks			
Immediate		How long			
Acute Complication of Fever		18 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		L. S. Lazear			
		Address			
		Carrifield			
		Md			
Accident or Suicide?					



Name
in
Full

Sarah Margaret Quinn

CERTIFICATE OF DEATH

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death 1907		Month Aug	Day 13	Age	Years	Months 10	Days 7
Sex Female		Color or Race White		Birth- place Crisfield Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Egbert L. Quinn				Father's Birthplace Pocomoke City Md			
Mother's Maiden Name Selena H. Holton				Mother's Birthplace Ohio			
Name of person giving in formation				How related to deceased Father			

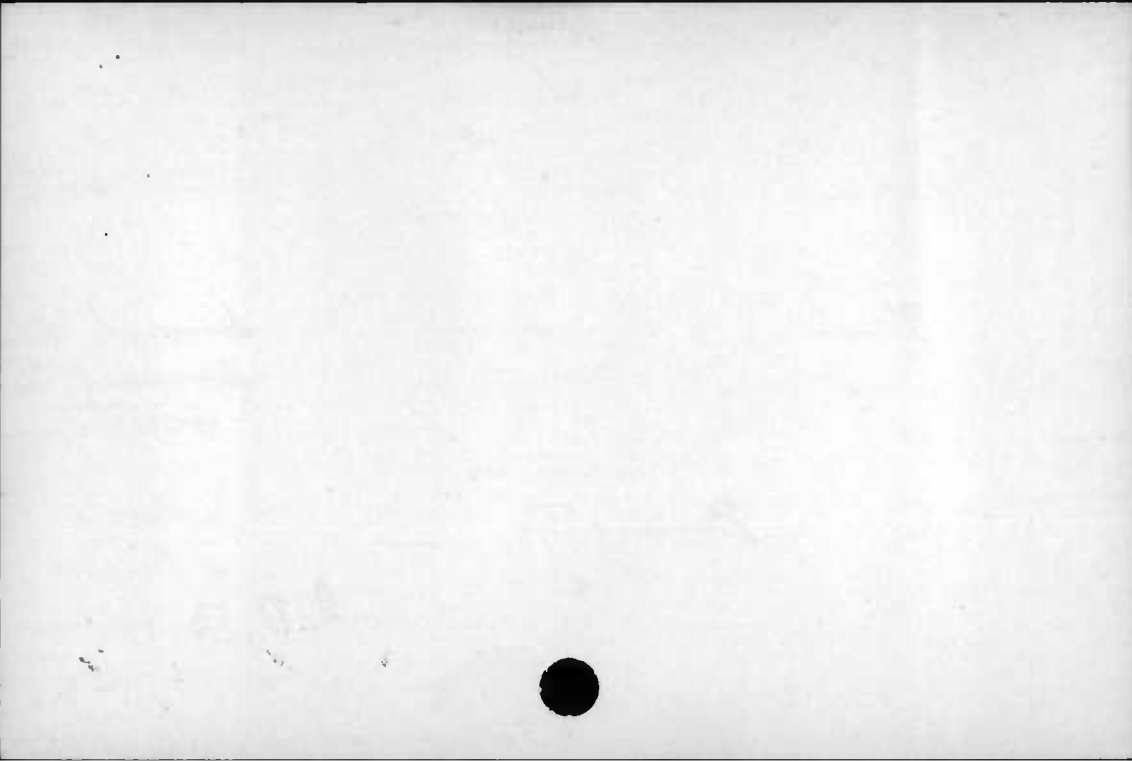
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

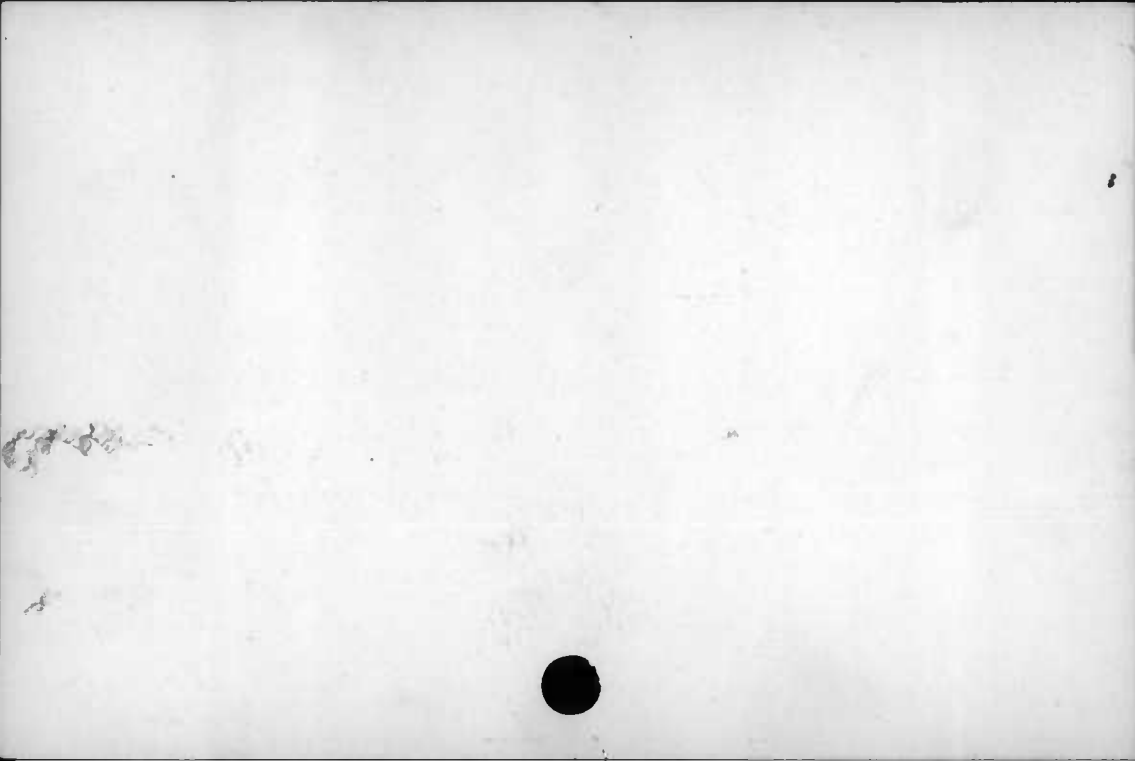
103

Primary	Enterocolitis	How long	6 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. F. Hall	
		Address Crisfield Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name in Full		Otis Halston Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Marion</u> Town		County <u>Somerset</u>			MARYLAND	
	Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>17</u>	Age <u>3</u>	Months <u>11</u>	Days <u>1</u>	
	Sex <u>male</u>	Color or Race <u>White</u>		Birthplace <u>Marion Sta.</u>			
	Occupation <u>Child</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Child</u>	Name of Wife or Husband					
	Father's Name <u>William F. Robinson</u>	Father's Birthplace <u>Somerset Co</u>					
	Mother's Maiden Name <u>Ida H. Martin</u>	Mother's Birthplace <u>Somerset Co.</u>					
Name of person giving information <u>William + Robinson</u>		How related to deceased <u>Father</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Spinal Meningitis</u>		(61)		How long <u>6 hrs</u>		
	Immediate <u>Convulsions</u>				How long <u>3 hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. L. A. B. Allen</u>		Address <u>Marion Sta Ind.</u>		
	Accident or Suicide?						



Name
in
Full

Henry Clay Sanford

CERTIFICATE OF DEATH

Died at Marion

Town

County

Somerset

MARYLAND

Date

1907

Month

Aug

Day

10

Age

37

Months

3

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Somerset Co

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Delia Betty

Father's
Name

A. Perry Sanford

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Hester Chubbourn

Mother's
Birthplace

Somerset Co

Name of person giving
Information

Alice Jones

How related
to deceased

step mother

CAUSES OF DEATH

120

Primary

Ch Interstitial Nephritis

How long

4 mos

Immediate

Convulsions

How long

2 or 3 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

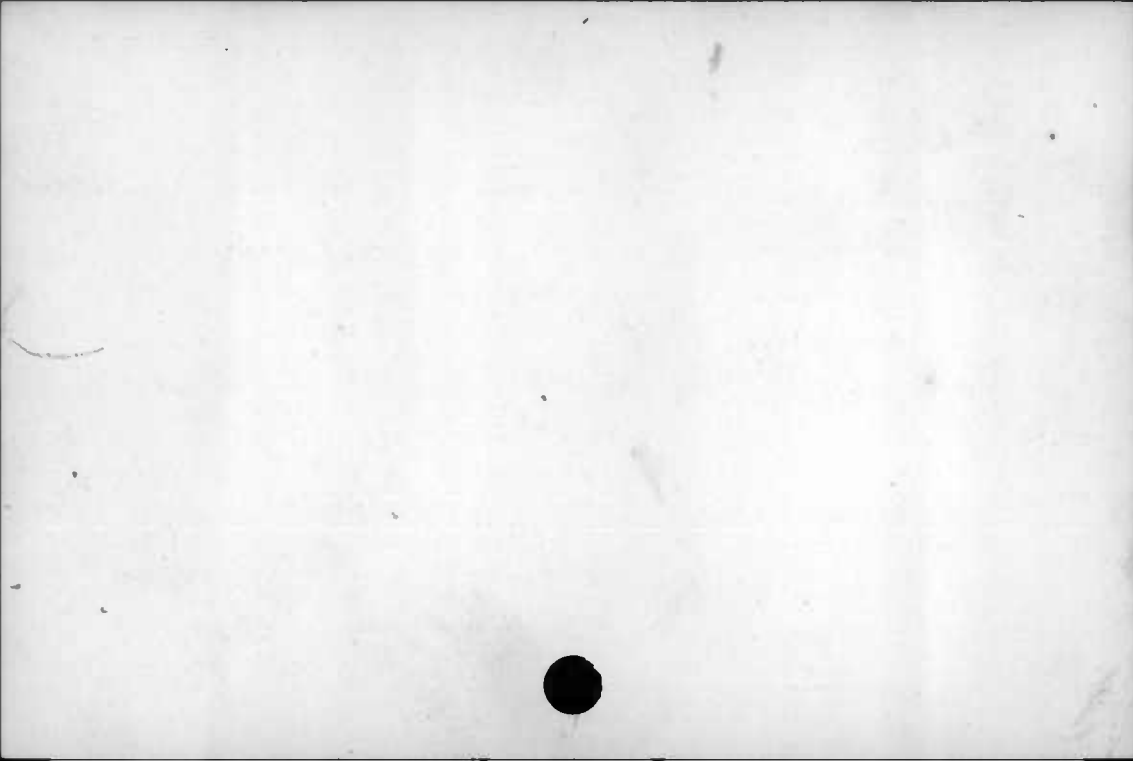
Dr L. A. B. Allen

Address

Marion
Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

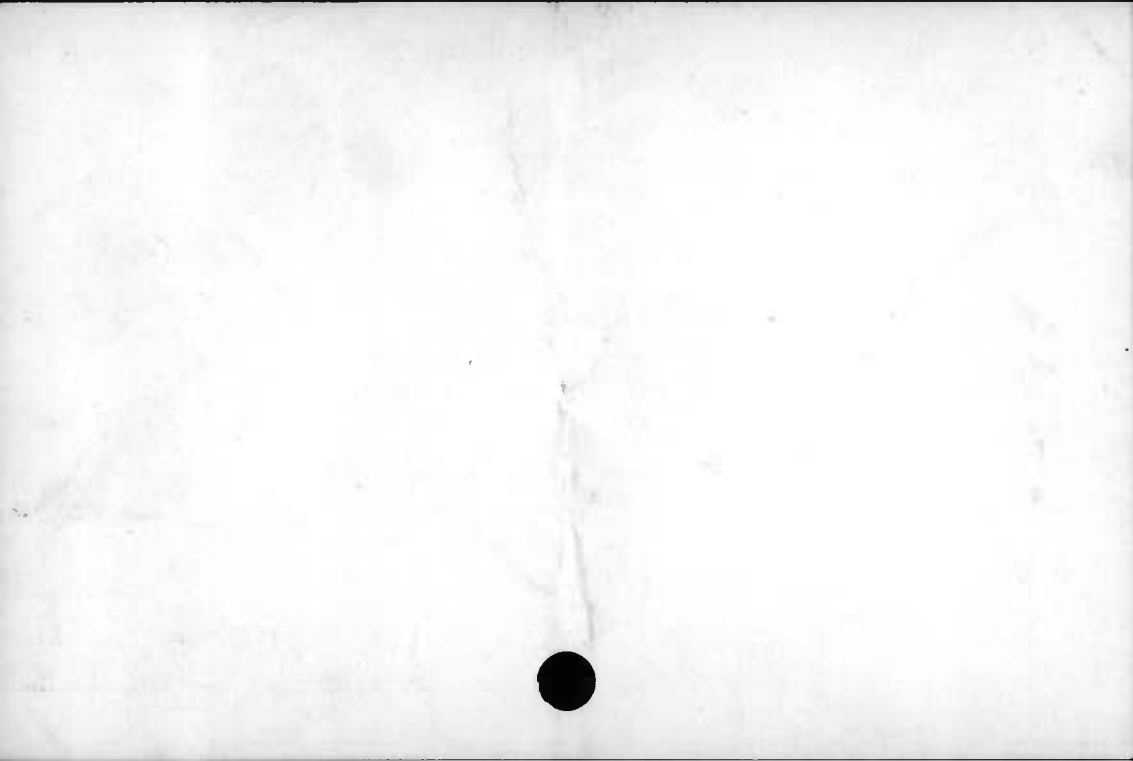
Died at <i>Charleston</i> Town <i>Somerset</i> County		MARYLAND			
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>19th</i>	Age <i>-</i>	Months <i>10</i>	Days <i>21</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Somerset Co.</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Robt. Shorris</i>		Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Lulu Price</i>		Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Robt. Shorris</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Ills - Colitis</i>	How long <i>11 days</i>
Immediate <i>Asthma</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
	Address <i>Barnes Building Somerset Co., Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Zochariah Shares

TO BE ANSWERED BY
NEAREST FRIEND

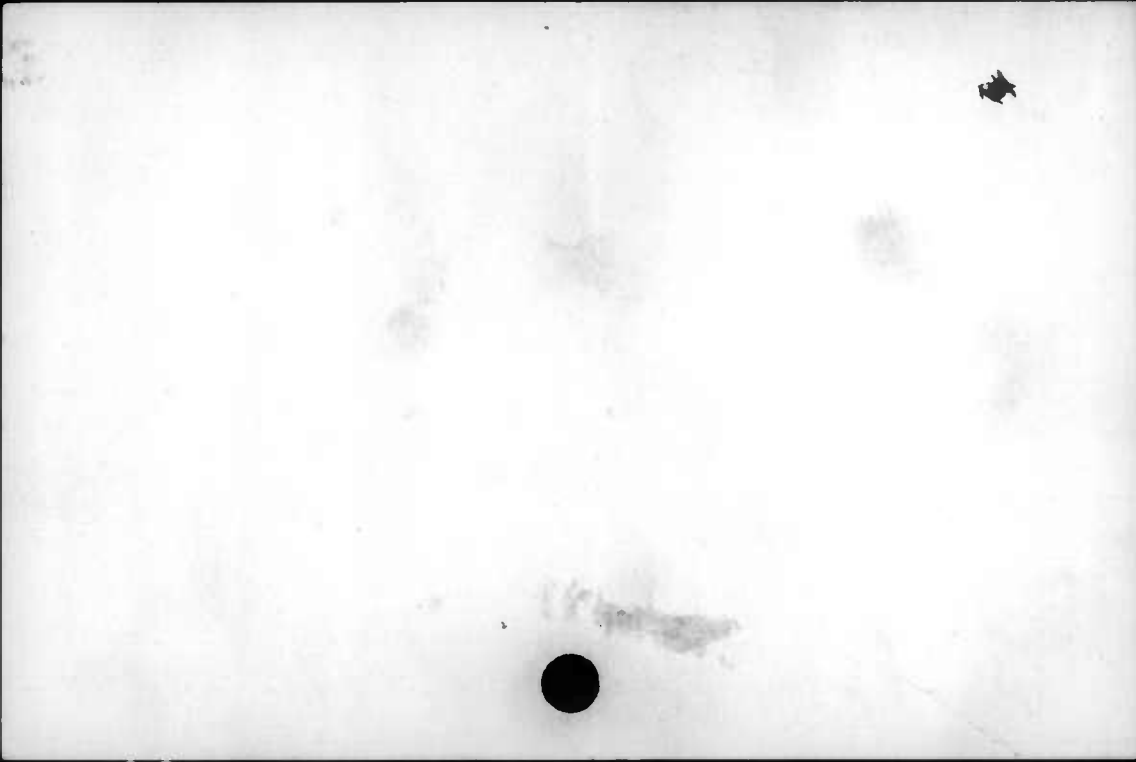
Died at <i>Deal's Island.</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>13</i>	Age <i>67</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co., Md.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Deal Island. Md.</i>			
Married <i>Single</i>		Name of Wife or Husband <i>Telithia Shares Deal.</i>			
Father's Name <i>Lambert Shares</i>		Father's Birthplace <i>Somerset Co. Md.</i>			
Mother's Maiden Name <i>Sharlotte Bogmon</i>		Mother's Birthplace <i>Worland.</i>			
Name of person giving information <i>Mrs Eva Shares Doyle</i>		How related to deceased <i>Daughter in law</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long <i>3 hours</i>
Immediate	<i>Dyspnoea</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Alexander</i>
<i>Yes.</i>		Address <i>Somerset Co.</i>
Accident or Suicide?		



Name
in
Full

Chas. L. M. Simpkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Danvers Station* Town *Somerset* County

Date

of death

1907

Month

aug

Day

11th

Age

Years

35

Months

5

Days

29

Sex

male

Color or
Race

white

Birth-
place

Somerset Co.

Occupation

-

Where Residing if not
at place of death

Baltimore

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Lecia Simpkins

Father's
Birthplace

Somerset Co.

Mother's
Maiden Name

Florence Wilson

Mother's
Birthplace

Somerset Co.

Name of person giving
Information

Lecia Simpkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ileo-Colitis

105

How long

2 weeks

Immediate

Anemia

How long

-

Are the name, age, sex, color, date
and place correctly given above?

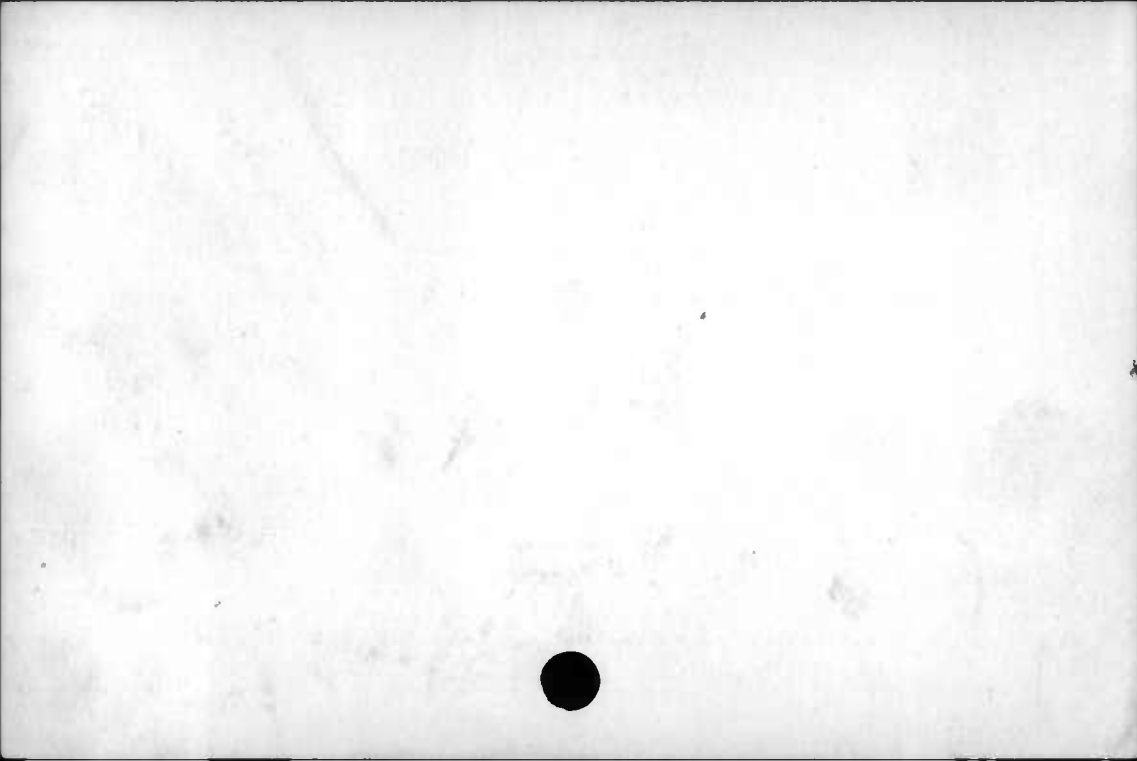
Yes

Signature of
Physician

Address

S. J. Windsor M.D.
Danvers Station
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

Minnie Stayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Princess Anne</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>21st</i>	Age <i>18</i> Years		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co. Ind.</i>			
Occupation <i>House wife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Upshur Stayton</i>					
Father's Name <i>Warnor Stayton</i>		Father's Birthplace <i>Wicomico Co. Ind.</i>					
Mother's Maiden Name <i>Louisa Richardson</i>		Mother's Birthplace <i>Worcester Co. Ind.</i>					
Name of person giving information <i>Warnor Stayton</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Asthenia</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge.</i>	Signature of Physician <i>Chas. T. Fisher, M.D.</i>
Accident or Suicide? <i>No.</i>	Address <i>Princess Anne, Md.</i>



Name
in
Full

Maud Hard

CERTIFICATE OF DEATH

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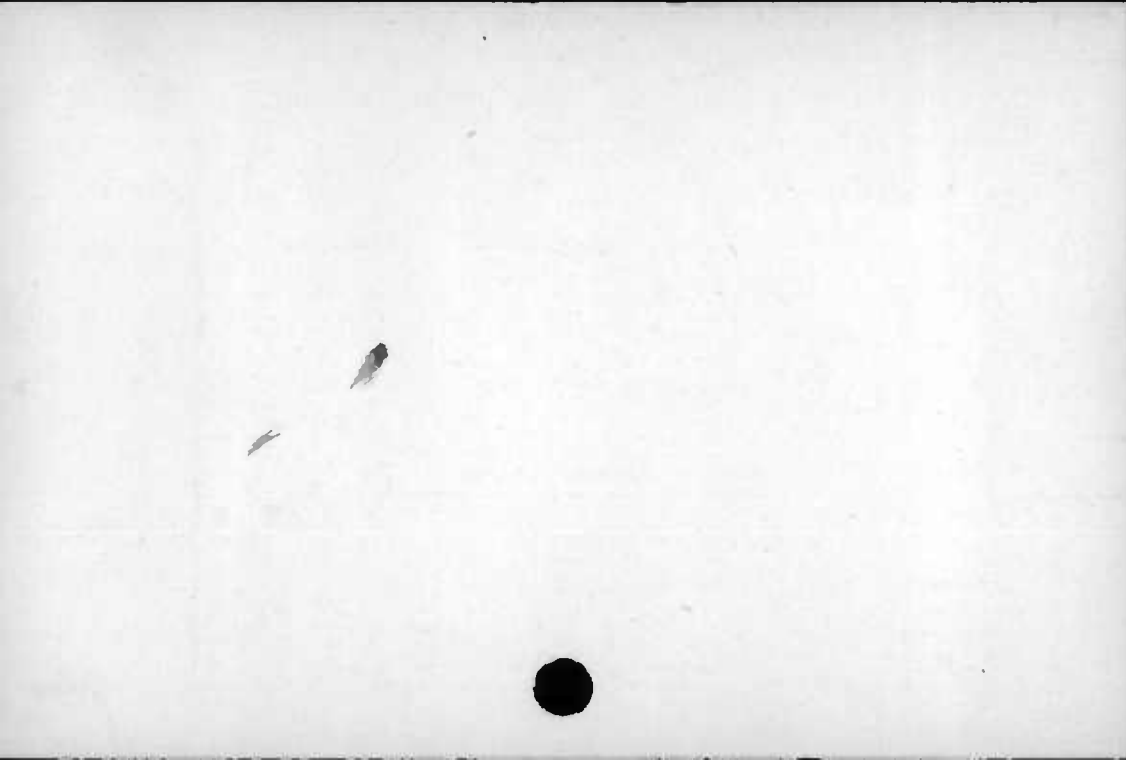
Died at <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1907	Month <i>Aug</i>	Day <i>14</i>	Age <i>1</i>	Months <i>3</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Crisfield Md</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John Thomas Hard</i>		Father's Birthplace <i>Crisfield Md</i>			
Mother's Maiden Name <i>Nancy Elizabeth Mason</i>		Mother's Birthplace <i>Crisfield Md</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>36 hours</i>
Immediate	<i>Asphyxia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Hall</i>	
		Address <i>Crisfield Md</i>	
Accident or Suicide?			



Name
in
Full

Ruth Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

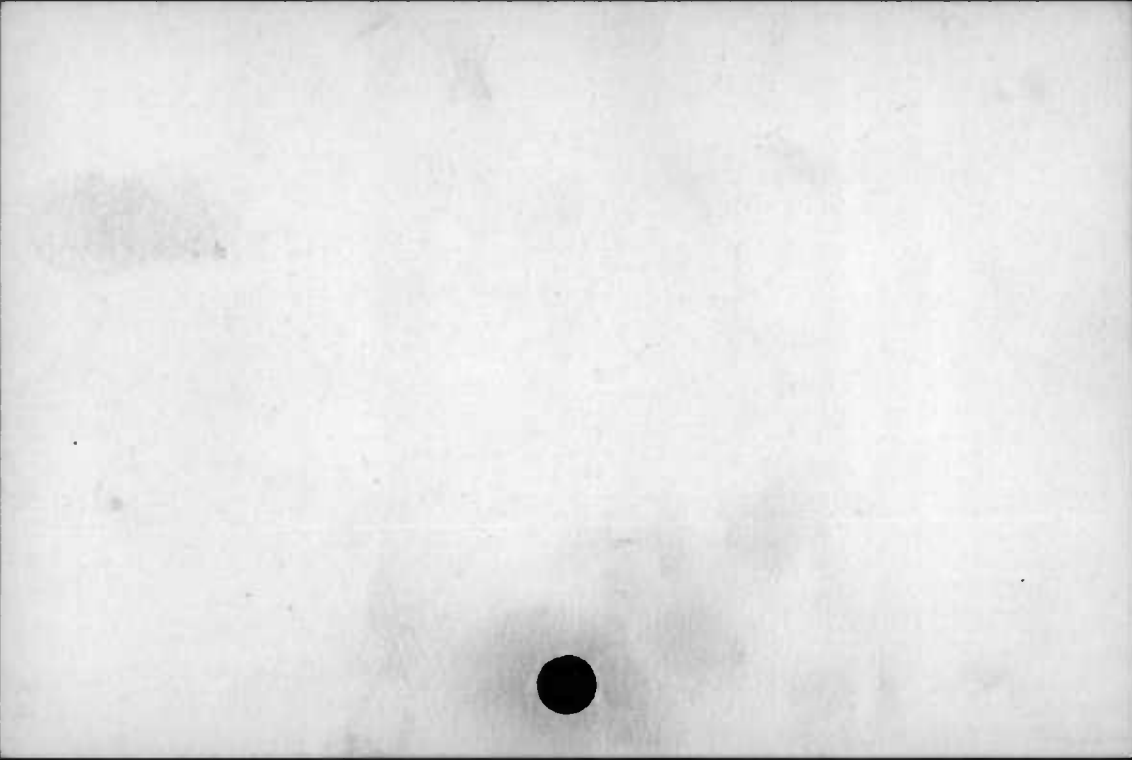
Died at Deal Island		Somerset		MARYLAND	
Date of death	1907	Month	Aug	Day	18
Sex		Female		Age	4
Color or Race		White		Birth-place	Ind
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Sam S Webster		
Mother's Maiden Name			Verda Taus		
Name of person giving information			S. S. Webster		
Father's Birthplace			Ind		
Mother's Birthplace			Ind		
How related to deceased			Father		

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	Ileo-Colitis	How long	3 weeks
Immediate	Asthma	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Filed by undertaker		H. G. Alexander	
Address		Somerset	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

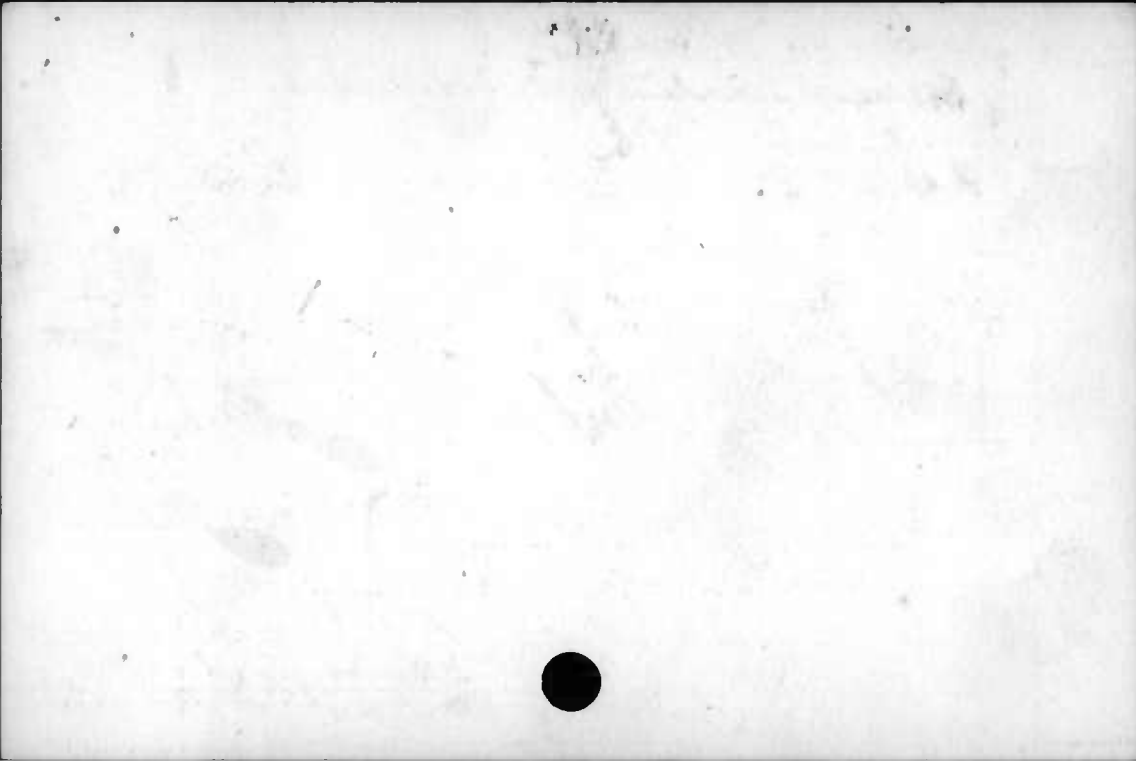
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James White</i>		Town <i>Danvers</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>17th</i>	Age <i>1</i>	Years <i>1</i>	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Laurel, Del.</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>Laurel, Del.</i>				
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>				
Father's Name <i>Henry White</i>			Father's Birthplace <i>Som. Co.</i>				
Mother's Maiden Name <i>Mary Elsey</i>			Mother's Birthplace <i>Som. Co.</i>				
Name of person giving information <i>William White</i>			How related to deceased <i>Step-father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	How long <i>5 months</i>
Immediate <i>Pneumonia</i>	How long <i>27</i>	How long <i>5 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. W. J. D.</i>	
	Address <i>Danvers, Somerset Co., Md.</i>	
Accident or Suicide?		



Name
in
Full

Nellie B. White

CERTIFICATE OF DEATH

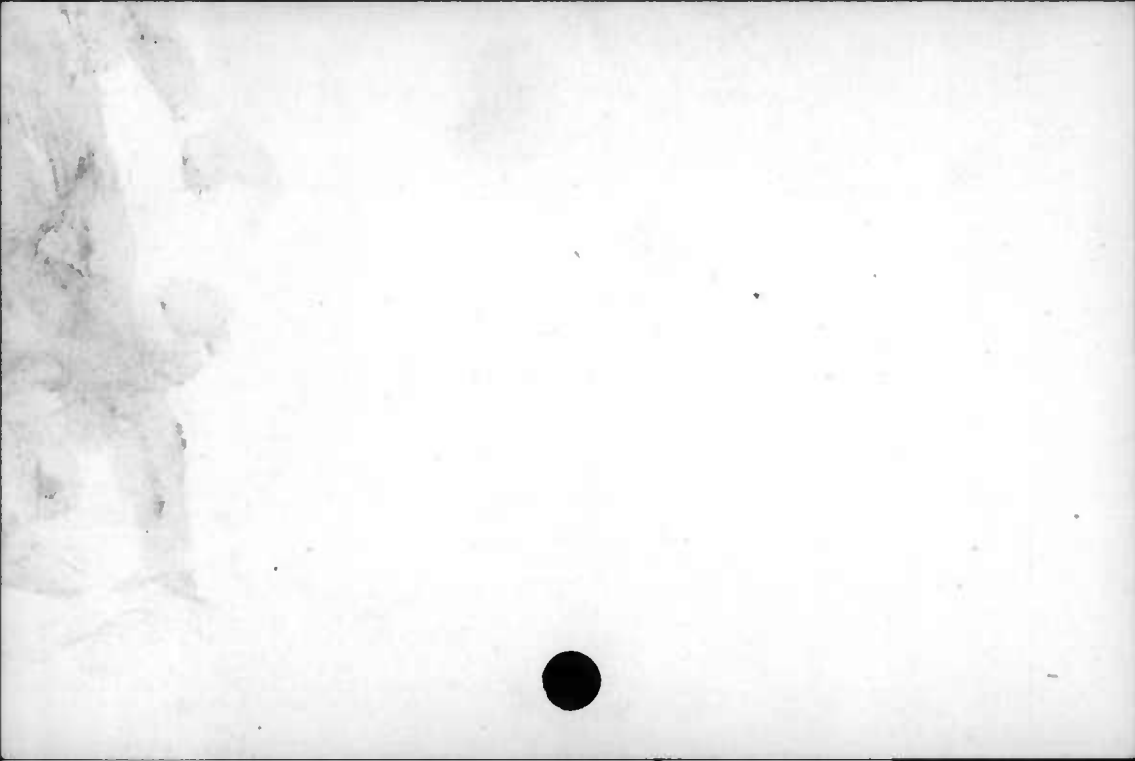
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Dunlap</i>		Town <i>Somerset</i>		County <i>Somerset</i>		STATE <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>9th</i>	Age <i>17</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth place <i>Somerset Co.</i>				
Occupation <i>Housemaid</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Butler White</i>		Father's Birthplace <i>Somerset Co.</i>					
Mother's Maiden Name <i>Charlotte Jones</i>		Mother's Birthplace <i>Somerset Co.</i>					
Name of person giving information <i>Mejor White</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>asthma</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
	Address <i>James Dunlap, Somerset Co., Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>36</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Marion</i>		
Occupation <i>House Work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>George Williams</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Amelia Williams</i>	Mother's Birthplace " "				
Name of person giving information <i>Jerome Williams</i>	How related to deceased <i>Bro.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	(27)	How long <i>6 mos</i>
Immediate <i>Heart trouble</i>		How long <i>Not known</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. A. B. Allen</i>	Address <i>Marion Md</i>
Accident or Suicide?		

